



What's in your claim recap?

Each time you or a health care provider file a claim with your health plan, Blue Cross and Blue Shield of Georgia gives you a claim recap. The recap helps you see how your health reimbursement arrangement (HRA) plan works for you. It describes the services received, what they cost and how your plan handled the claim. It also shows your HRA balance.

To view your claim recap, log in to the consumer portal at www.bcbgsa.com and go to the Plans & Benefits section. We'll also send a copy in the mail if you owe any money or if your HRA paid any part of the cost. If you don't want to get a copy in the mail, see below for a quick how-to on going paperless.

Here are the key things to look for on your claim recap.



BlueCross BlueShield
of Georgia

123 Anywhere Street
Atlanta, GA 12345

Your HRA Claim Recap

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1. Summary of this Claim (See next page for details)

How Much was the Expense?

The total charge was: \$ 150.00
Amount allowed by your benefit: \$ 100.00
[Your Other Insurance Covered] \$ 0.00

How Much was Paid Under Your Program?

Amount paid from your Health Account \$ 100.00
Amount paid by Traditional Health Coverage: \$ 0.00
Total paid under your Program: \$ 100.00

What is Your Annual Out-of-Pocket Responsibility?

Other out-of-pocket responsibility: \$ 0.00
Coinsurance responsibility: \$ 0.00
You are Responsible for This Amount: \$ 0.00
Your Provider should bill you directly for this amount.

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2. Status of Your Program (After this Claim)²

Your Health Account

Remaining Account balance: \$ 800.00

Your Traditional Health Coverage

Begins after spending (on covered services): \$2,000.00
Amount spent to date: \$ 100.00

Your Annual Out-of-Pocket Maximum

Maximum for Network Providers: \$3,000.00
Amount accumulated towards Maximum to date: \$ 100.00
Maximum for Out-of-Network Providers: \$5,000.00
Amount accumulated towards Maximum to date: \$ 100.00

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3. Claim Payment Details

Health Care Provider Information				Your Health Account	Your Program Traditional Health Coverage	Your Responsibility	Explanation**
Date of Service From: 05/03/2014 to 05/03/2014							
Service (Units)	Provider Charged	Provider Responsibility	Amount Allowed by Benefit*	Amount Paid	Amount Paid	Benefit Level	You Are Responsible for
1 Medical Service - 1	\$150.00	\$50.00	\$100.00	\$100.00	\$100.00		\$0.00
TOTAL	\$150.00	\$50.00	\$100.00	\$100.00	\$100.00		\$0.00

*The "Amount Allowed by Benefit" is amount of the provider's charge covered by your benefits, minus the provider discount; the sum of the amounts paid from your Account, your Traditional Health Coverage and Your Responsibility will equal this amount.

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4. Your responsibility details

Account Holder:
John Q. Smith
Health Program ID:
9998817749004
Group Name:
HRA Client
Claim Number:
199943200001
Date Prepared:
05/20/2014

Claim Highlights
Date of Service:
05/03/2014
Consumer:
Mary
Provider:
Dr. James J. Smith
Vienna Family Medicine
123 Anywhere Street
Atlanta, GA 12345

Thank you for choosing a provider participating in our network — helping you get the most for your health care dollar.
Have a question?
Go online to www.bcbgsa.com/shbp or call 1-855-641-4862.

Save trees by opting not to receive paper statements. You can simply check your account online at www.bcbgsa.com/shbp

1 Summary of this claim

This section:

- Total charge by the provider
- Amount of the charge that's allowed based on our contract with the provider
- Amount your HRA paid, if any
- Amount you'll need to pay out of pocket, if any

2 Status of your program

- Amount left in your HRA after any payments were made on this claim
- Total amount you've spent on covered services during the plan year
- Total amount credited toward your out-of-pocket maximum for the plan year

3 Claim payment details

- A breakdown of the claim, including the amounts paid from the HRA, your health plan or both

4 Your responsibility details

- A breakdown of any amount you'll need to pay out of pocket

How to get your health plan claim recaps online*

1. Log in to bcbgsa.com (if you haven't registered yet, you'll need to register to log in)
2. Click on "Profile"
3. Scroll down to choose how you'd like to get your medical EOBs/claim recap
4. Select "Go Paperless"

*Only the primary person on the plan (the subscriber) can pick this option.

For more information, call the Member Services at 1-855-641-4862.